

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILING DATE				
								APPLICANT(S)					
								CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP		
1								51					
2		1						52					
3		2						53					
4		2						54					
5		2						55					
6		2						56					
7		2						57					
8								58					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					